

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

STATEMENT OF INTENT TO DISSOLVE

(Written Consent of Members or Directors)

Filing Fee \$5.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §1101](#), the undersigned corporation executes and delivers for filing the following statement of intent to dissolve the corporation.

FIRST: The names and respective addresses of its officers and directors are:

Title	Name	Address
President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Clerk	_____	_____
Directors:	_____	_____
	_____	_____
	_____	_____

(List additional directors on reverse side)

SECOND: ("X" one box only) Exhibit A attached hereto is a copy of the written consent signed by:

- ☐ All members of the corporation entitled to vote.
- ☐ All directors of the corporation, there being no members or no members entitled to vote.

THIRD: All required Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Report covering the previous calendar year is not required.)

FOURTH: The undersigned corporation understands that the filing of this document **DOES NOT** complete the dissolution process. You must **ALSO FILE** Articles of Dissolution.

FIFTH: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or asst. secretary)

Notice of the filing of this statement shall be mailed to each known creditor of the corporation pursuant to **13-B MRSA §1101.2**.

*This document **MUST** be signed by

- (1) the **Clerk or Secretary OR**
- (2) the **President** or a vice-pres. **together with** the **Secretary** or an ass't. sec., or a 2nd certifying officer **OR**
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the **Members**.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**